



CHRIS CHRISTIE
GOVERNOR

KIM GUADAGNO
LT. GOVERNOR

STATE OF NEW JERSEY
OFFICE OF THE ATTORNEY GENERAL
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL
P.O. Box 087
TRENTON, NJ 08625-0087
PHONE: (609) 984-2830 FAX: (609) 633-6078
WWW.NJ.GOV/OAG/ABC

JOHN J. HOFFMAN
ACTING ATTORNEY GENERAL

MICHAEL I. HALFACRE
DIRECTOR

APPLICATION REQUIREMENTS FOR STATE-ISSUED CRAFT DISTILLERY LICENSE

The Licensing Bureau of the Division of Alcoholic Beverage Control must receive the following documentation before a Craft Distillery License may be issued.

APPLICATION AND LICENSE FEE

A completed twelve-page license application accompanied by the full application and fee payable to the Division of Alcoholic Beverage Control in the form of company check, check or money order. See N.J.S.A. 33:1-10.3d (enclosed) for license fee information.

STATE POLICE AND FBI FINGERPRINT INVESTIGATION

As part of the qualifying investigation for State licensing, all applicants must submit to a fingerprint procedure as part of the application process in order to determine if you meet the qualifications set forth in N.J.S.A. 33:1-25. **The fingerprint instructional form will be mailed upon receipt of a completed application.**

In lieu of fingerprint cards, any stockholder, director or officer named on the application who is not a resident of the United States, must submit an official letter from his/her local police agency stating that the individual has no criminal record.

BEVERAGE TAX BOND

A Beverage Tax Bond must be posted with the Division of Taxation. To determine the initial Beverage Tax Bond amount, please contact James Stein at the Division of Taxation at 609-633-7068. New Jersey's minimum bond amount is \$1,000.00. Bond amounts in subsequent years will be determined by beverage tax liability.

Your private insurance company must submit paperwork to Ms. Gail Idlett at the Division of Revenue, 33 West State Street, P.O. Box 252, Trenton, New Jersey 08608. Ms. Idlett will send a confirmation letter to our Bureau when the process has been completed. For further information call Ms. Idlett at (609) 633-0979.



AFFIDAVIT OF QUALIFICATION

Each individual named on Page 10A of the license application, including those who reside outside of the United States and/or those who are age 74 or older, must submit an Affidavit of Qualification which has been signed and notarized. The original form may be reproduced and the completed form(s) must accompany the license application and license fee.

FEDERAL BASIC PERMIT

The U.S. Department of the Treasury, Alcohol and Tobacco Tax and Trade Bureau (TTB) issues a Federal Basic Permit to wholesalers and importers. Application may be made by contacting TTB at (800) 398-2282. As soon as your company receives the issued permit, please forward a copy to our Bureau. All Federal Permit holders must file a Special Tax Registration and Return which is due before commencing business and thereafter on or before July 1 each year. Please contact the TTB directly for further information on this Special Tax.

PUBLIC NOTICE

Public Notice must be posted in a local New Jersey newspaper two weeks consecutively, seven days apart, any time after the application has been submitted to our Bureau. These dates must be listed on Page 8, Question 8.5, of the license application with the name of the publication. A license cannot be issued for at least five (5) business days after the second notice. Upon filing your notice with the newspaper, please request a notarized affidavit confirming publication dates and including a sample of the printed notice. Since most publications will not mail this confirmation directly to our Bureau, please forward a copy to us as soon as it is received.

STATEMENT OF BUSINESS INTENTION

A notarized affidavit must be submitted by the applicant stating the nature of the business activity in the State of New Jersey and whether the applicant will be selling to wholesalers or retailers in the State.

The Division will conduct a qualifying investigation upon receipt of the above information. When the Investigation Report has been completed, a final determination will be made on the issuance of the License.

CRAFT DISTILLERY LICENSE
N.J.S.A. 33:1-10.3d

Craft distillery license. 3d. The holder of this license shall be entitled, subject to rules and regulations, to manufacture not more than 20,000 gallons of distilled alcoholic beverages, to rectify, blend, treat and mix distilled alcoholic beverages, to sell and distribute this product to wholesalers and retailers licensed in accordance with this chapter, and to sell and distribute without this State to any persons pursuant to the laws of the places of such sale and distribution, and to maintain a warehouse. The holder of this license shall be entitled to sell this product at retail to consumers on the licensed premises of the distillery for consumption on the premises, but only in connection with a tour of the distillery, and for consumption off the premises in a quantity of not more than five liters per person. In addition, the holder of this license may offer any person not more than three samples per calendar day for sampling purposes only. For the purposes of this subsection, "sampling" means the gratuitous offering of an open container not exceeding one-half ounce serving of distilled alcoholic beverage produced on the distillery premises. Nothing in this subsection shall be deemed to permit the direct shipment of distilled spirits either within or without this State.

The holder of this license shall not sell food or operate a restaurant on the licensed premises. A holder of this license who certifies that not less than 51% of the raw materials used in the production of distilled alcoholic beverage under this section are grown in this State or purchased from providers located in this State may, consistent with all applicable federal laws and regulations, label these distilled alcoholic beverages as "New Jersey Distilled." The fee for this license shall be \$938.



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DISCLOSURE POLICY

I. LICENSE APPLICANT LEVEL (The entity that will be licensed.)

- A.** This level constitutes the primary interest in the applied-for license. All interest in the license must be accounted for on the license application, including all individuals holding 1% or more interest in the applicant if it is a corporation. Limited Liability Companies must disclose all members. Individuals named at this level are required to be fingerprinted, disclose and document the source of funds used to acquire their license interest and document their age. They may hold no other interest which would constitute a tied-house or two license limitation violation.
- B.** If interest holders are not residents of the United States, they must execute affidavits certifying their qualifications and provide a record (or document lack of record) of their criminal background from their national law enforcement agency. If criminal background information is prepared in a language other than English, a certified English translation must be submitted.
- C.** If the actual operation of a licensed business is delegated to an on-site manager (e.g., in the case of a national restaurant chain), the manager and any other individual who, through performance of their on-site duties act in the capacity of the licensee, must also be disclosed in the license application, fingerprinted and qualified as described in paragraph IA. These management responsibilities include the hiring and firing of employees, placing orders for alcoholic beverages and making business decisions concerning pricing or marketing.

II. LICENSE APPLICANT SHAREHOLDER LEVEL

- A.** This level describes removed interests; those with direct or indirect interest in the license applicant. Shareholders of the license applicant, general or limited partners and LLC members who are closely held corporations, partnerships or LLC's in their own right and must be fully identified in the license application. Individuals disclosed at this level must execute an affidavit as to their age and qualifications. Individuals disclosed at this level who exercise significant direct control or influence over the operation of the license applicant, must be fingerprinted and qualified as described in paragraph IA.



- B. The officers, directors and trustees of publicly traded corporations holding an interest in a license applicant must be disclosed in the license application, unless the Director or municipal issuing authority determines that an alternate form of disclosure is acceptable. Regardless of the format, individual disclosures must include all information required by the license application. Any individual disclosed at this level who exercises control or direct influence over the operation of the license applicant must be fingerprinted.
- C. Individuals holding 10% or more of the stock of a publicly traded corporation which has an interest in a license applicant must be identified in the license application. The Director or municipal issuing authority may determine to accept appropriate Securities and Exchange Commission Reports or filings in support of the qualifications of such individuals.
- D. Institutional investors (i.e., pension or stock funds), and interests held in trust must qualify through the trustee responsible for administration of the fund or trust. Trustees must be disclosed and execute affidavits as to their qualification.

III. SUBMISSION OF RECORDS IN SUPPORT OF APPLICATION

In addition to the business disclosure noted above, the Division of Alcoholic Beverage Control and municipal issuing authorities may require submission of any or all of the following records and documents in support of a license application. This information is to be submitted by the applicant as part of the qualifying investigation procedure. It will be maintained as confidential and will not be available for public review.

BUSINESS RECORDS:

Original letter of business intent-describing the proposed business and method of operation

Partnership Agreement

Limited Liability Company Notice of Formation and Operating Agreement

Corporate Certificate of Incorporation and all subsequent amendments

Proof of Fictitious or Trade Name registration

Certificate of New Jersey Business Authority (non-New Jersey applicants only)

Copies of all issued Stock Certificates (front and back), or most recent SEC Filing Statement containing shareholder information

Certificate of New Jersey Sales Tax Authority (if applicable)

Copy of all applicable TTF Permits issued to applicant

Copy of all other alcoholic beverage licenses issued to applicant by other States

FINANCIAL RECORDS:

Agreements of Sale for purchase of license, business and/or proposed premises

Mortgage or Loan Agreements and Promissory Notes, including any pledge or Escrow Agreement of Corporate Stock Shares

Business and personal Federal Income Tax returns for the past two years

Copies of business and personal checking and savings statements, canceled checks and bank deposit slips to document the funding of the license

Division of

ALCOHOLIC BEVERAGE CONTROL

140 East Front Street, P.O. Box 087, Trenton, New Jersey 08625-0087

APPLICATION FOR MANUFACTURER AND WHOLESALE LICENSE

Applicants should complete the application in full. Where a question is not applicable, please enter the letters "N/A." Where additional pages are necessary, applicant may photocopy any part of this application. A complete application is required whenever any of the following is requested:

New License

Person-to-Person Transfer

Place-to-Place Transfer (including expansion of premises)

Partnership changes (except Limited Partnerships)

Change of Corporate Structure (of more than 33 1/3% interest)

Extension to Administrator, Executor, Receiver, Trustee in Bankruptcy

License Renewal (unless an alternate application is provided by the Division of ABC) **OR**

When required by the Division.

If you are reporting a change in facts about your license which does not involve one of the above transactions, complete Page 1 and any page[s] of the application on which information to be changed appears. You must also complete a Certification Page (Page 11).

The original and one copy of the completed application should be submitted to the Division of Alcoholic Beverage Control. It is the responsibility of the applicant to retain an additional copy of the application. It should be maintained with other records and be available for inspection on the licensed premises.

All fees are to accompany the application at the time of filing. License fees should be in the form of a CERTIFIED CHECK or MONEY ORDER made payable to the Division of Alcoholic Beverage Control. All other fees should be submitted as described in the additional filing instructions which accompanied this application.

If you require assistance in the completion of this application, please contact the Licensing Bureau of the Division of Alcoholic Beverage Control at (609) 984-2830.

**STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF ALCOHOLIC BEVERAGE CONTROL**

MANUFACTURER AND WHOLESALE APPLICATION

For DIVISION use only:

STATE ASSIGNED LICENSE NUMBER

DATE APPLICATION FILED:

____-____-____-____

____/____/____

CODE

TYPE OF LICENSE (CHECK ONE)

THIS APPLICATION IS FOR:

CLASS A LICENSES [R.S. 33:1-10]

09	____ Wine Blending	____ A New License
10	____ Plenary Brewery	____ Person-to-Person Transfer (Including Partnership Change Except Ltd. Partnership)
11	____ Limited Brewery	
21	____ Plenary Winery	____ Place-to-Place Transfer (Transfer Including Expansion of Premises)
22	____ Farm Winery	____ Change of Corporate Structure
16	____ Plenary Distillery	____ Extension of License (To Executor, Receiver, Administrator, etc.)
17	____ Limited Distillery	
07	____ Craft Distillery	____ Renewal of License
18	____ Supp. Limited Distillery	____ Amendment of Application on File
15	____ Rectifier and Blender	____ Other _____
29	____ Bonded Warehouse Bottling	_____

CLASS B LICENSES [R.S. 33:1-11]

23	____ Plenary Wholesale
25	____ Limited Wholesale
26	____ Wine Wholesale
19	____ State Beverage Distributor

THIS APPLICATION IS FILED ON BEHALF OF: _____

2.1 NAME(S) AS IT DOES OR WILL APPEAR ON THE LICENSE CERTIFICATE (NOT "TRADE" NAME):
Name(s) May Consist of Individuals, Corporations, Limited Liability Companies or Partnerships.

2.2 ACTUAL ADDRESS WHERE THE LICENSE IS TO BE USED (SITED PREMISES MUST BE A NEW JERSEY LOCATION):

2.3 IF NO LICENSED PREMISES EXISTS OR IF MAILING ADDRESS IS DIFFERENT THAN THE "ACTUAL ADDRESS" GIVEN ABOVE, PROVIDE THE MAILING ADDRESS (insert N/A if not applicable):

2.4 ACTUAL ADDRESS OF WAREHOUSE, IF DIFFERENT THAN LICENSED PREMISES:

2.5 NEW JERSEY SALES TAX CERTIFICATE OF AUTHORITY NUMBER _____

2.6 TRADE NAME(S) UNDER WHICH BUSINESS IS TO BE CONDUCTED. ALL TRADE NAMES MUST BE LISTED AND REGISTERED WITH THE N.J. SECRETARY OF STATE [if a corporation or limited liability company] OR WITH THE COUNTY CLERK [if a partnership or sole proprietor] AS APPLICABLE:

2.7 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY ALL APPLICANTS OTHER THAN APPLICANTS FOR A NEW LICENSE:

B. IF NO, GIVE THE DATE THE BUSINESS STOPPED OPERATING (OR THE DATE THE LICENSE WAS ORIGINALLY ISSUED IF NEVER SITED AT AN OPERATING BUSINESS):

C. IF THE LICENSE IS INACTIVE AND THE APPLICATION IS FOR A TRANSFER, WILL THE LICENSE BE USED AT AN OPERATING PLACE OF BUSINESS IMMEDIATELY AFTER APPROVAL?

2.8 THE FOLLOWING QUESTIONS ARE TO BE ANSWERED BY AN APPLICANT FOR A NEW LICENSE:

IF NO, PROVIDE ANTICIPATED DATE OF LICENSE ACTIVATION:

_____ / _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

The following questions identify information about the sited licensed premises. If the license is not sited at a New Jersey premises, insert N/A for "not applicable" for question 3.1 only and proceed to Page 4. If you use N/A as a response, question 2.2 on Page 2 should also be answered N/A for "not applicable." If you are describing a separate warehouse facility at a different address as reported in question 2.4, enter the word "WAREHOUSE" at the top of this page.

3.1 HOW MANY SEPARATE BUILDINGS ARE TO BE INCLUDED UNDER THIS LICENSE? _____

If more than one building is to be included under this license, a separate Page 3 is to be submitted covering each building.

An up-to-date sketch of the entire licensed premises should be submitted covering each building under license to be included in the State ABC file.

3.2 BUILDING NO. _____ OF _____ TO BE LICENSED.

3.3 IS THE ENTIRE BUILDING TO BE LICENSED? _____ Yes _____ No

If the answer to question 3.3 is "No," specify which floors are to be under license and which ones are not by answering the following questions:

3.4	Basement	_____ Yes _____ No	All of it _____ Yes _____ No
	1 st floor	_____ Yes _____ No	All of it _____ Yes _____ No
	2 nd floor	_____ Yes _____ No	All of it _____ Yes _____ No
	3 rd floor	_____ Yes _____ No	All of it _____ Yes _____ No

Specify each additional floor number to be included under this license: _____

If only part of any floor is to be licensed, attach a more detailed explanation with sketches to clearly delineate licensed areas from unlicensed areas.

3.5 ARE ANY GROUNDS ADJACENT TO THE BUILDING UNDER LICENSE TO BE INCLUDED AS PART OF THE LICENSED PREMISES? _____ Yes _____ No

If the answer to question 3.5 is "Yes," include a sketch showing the exact grounds and their location next to the licensed premises. Designate the footage of the perimeter of the adjacent grounds.

3.6 IS THERE ANY UNLICENSED AREA LOCATED BETWEEN BUILDINGS UNDER THIS LICENSE OR BETWEEN LICENSED ADJACENT GROUNDS? _____ Yes _____ No

If the answer is "Yes," attach a sketch of the licensed and unlicensed areas showing dimensions in feet.

3.7 DOES THE APPLICANT OWN THE BUILDING? _____ Yes _____ No

IF "YES," IS THERE A MORTGAGE ON THE BUILDING? _____ Yes _____ No

DOES THE APPLICANT LEASE THE BUILDING? _____ Yes _____ No

If the building or land is leased or if there is a mortgage on the property, answer question 3.8 or question 3.9, whichever applies. If an individual, print last name first.

3.8 MORTGAGEE (HOLDER OF MORTGAGE):

(Last Name, First Name, Middle Initial or Corporate Name)

Street Address _____
Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

3.9 LESSOR (HOLDER OF LEASE):

(Last Name, First Name, Middle Initial or Corporate Name)

Street Address _____
Number _____ Street Name _____

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

- 4.1 DOES THE APPLICANT INTEND TO USE ANY VEHICLES FOR TRANSPORT OR DELIVERY OF ALCOHOLIC BEVERAGES?

_____ Yes _____ No

IF "YES," HAS APPLICANT APPLIED TO THE DIVISION OF ALCOHOLIC BEVERAGE CONTROL FOR A TRANSIT INSIGNIA?

_____ Yes _____ No

- 4.2 HAS THE APPLICANT FILED AN APPLICATION WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB) FOR A FEDERAL BASIC PERMIT?

_____ Yes _____ No

IF "YES," DATE FILED _____ / _____ / _____

FEDERAL BASIC PERMIT NO. _____

- 4.3 HAS THE APPLICANT FILED A SPECIAL TAX REGISTRATION AND RETURN FORM (TTB FORM 5630.5) WITH THE FEDERAL ALCOHOL AND TOBACCO TAX AND TRADE BUREAU?

_____ Yes _____ No

IF "YES," DATE FILED _____ / _____ / _____

FEDERAL TAX REGISTRATION NO. _____

- 4.4 BRIEFLY DESCRIBE THE SPECIFIC BUSINESS METHOD OF OPERATION. FOR EXAMPLE, IF WHOLESALE SALES ARE TO TAKE PLACE, WILL YOU BE SELLING TO NEW JERSEY WHOLESALE LICENSEES, RETAIL LICENSEES OR BOTH? GIVE A GENERAL DESCRIPTION OF THE TYPE OF ALCOHOLIC BEVERAGE PRODUCTS YOU WILL BE HANDLING. IF APPLICATION IS FOR A STATE BEVERAGE DISTRIBUTOR'S LICENSE, WILL SALES BE TO LICENSED RETAILERS, CONSUMERS OR BOTH?

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

- 5.1 IS THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS APPLICATION A POLICE OFFICER, OR DOES HE OR SHE HOLD ANY POSITION ENTRUSTED WITH THE ENFORCEMENT OF ANY LAWS CONCERNING ALCOHOLIC BEVERAGES IN ANY MANNER WHATSOEVER?

_____ Yes _____ No

If the answer is "Yes," complete the following:

Name of Individual _____
Last Name First Name Middle Initial

Title of position held _____

Name of Employing Agency _____

- 5.2 DOES THE APPLICANT OR ANY OTHER PERSON MENTIONED IN THIS LICENSE APPLICATION OR ANYONE WITH A BENEFICIAL INTEREST IN THE LICENSED BUSINESS, DIRECTLY OR INDIRECTLY, HAVE ANY INTEREST IN THE RETAILING OF ANY ALCOHOLIC BEVERAGES IN NEW JERSEY AS OWNER, PART OWNER, LANDLORD, TENANT, MORTGAGE HOLDER OR AS A STOCKHOLDER, OFFICER, DIRECTOR, OPERATOR, EMPLOYEE OR OTHERWISE?

_____ Yes _____ No

A. If the answer is "Yes," insert the New Jersey retail license number:

_____ - _____ - _____ - _____

B. Is the retail license sited on the premises of a hotel or motel with 100 guest rooms or more?

_____ Yes _____ No

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

- 6.1 HAS THE APPLICANT EVER BEEN DENIED A LIQUOR LICENSE IN NEW JERSEY? _____ Yes _____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Type of License Denied: _____ Retail _____ Wholesale _____ Transportation
_____ Warehouse _____ Manufacturer

Unit of Government which Denied License or Permit: _____

Date of Denial (approximate if not known) _____ / _____ / _____

Reason for Denial _____

- 6.2 HAS ANY CORPORATION, LLC, PARTNERSHIP OR INDIVIDUAL MENTIONED IN THIS APPLICATION, OTHER THAN THE APPLICANT, BEEN DENIED A LIQUOR LICENSE OR PERMIT IN NEW JERSEY? _____ Yes _____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING:

Name of Entity _____
(Last Name, First Name, Middle Initial or Corporate Name)Type of License Denied: _____ Retail _____ Wholesale _____ Transportation
_____ Warehouse _____ Manufacturer

Unit of Government which Denied License or Permit: _____

Date of Denial (approximate if not known) _____ / _____ / _____

Reason for Denial _____

- 6.3 HAS THE APPLICANT OR ANY OTHER PERSON, CORPORATION OR ENTITY MENTIONED IN THIS LICENSE APPLICATION OR ANYONE WITH A BENEFICIAL INTEREST IN IT HAD ANY INTEREST IN A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE WHICH WAS SURRENDERED, SUSPENDED OR HAD A PENALTY IMPOSED IN LIEU OF SUSPENSION, NOT RENEWED, REVOKED OR CANCELLED WITHIN THE 10 YEARS PRIOR TO THE DATE OF THIS APPLICATION? _____ Yes _____ No

IF THE ANSWER IS "YES," PROVIDE DETAILS OF EACH BELOW [Submit an additional Page 6 for each action]:

Name of Individual _____
(Last Name, First Name, Middle Initial or Corporate Name)

DATE OF ACTION _____ / _____ / _____ AGENCY DOCKET NO. _____

PENALTY WAS IMPOSED BY: _____
[Indicate whether by Div. of ABC or identify Local Issuing Authority]

PENALTY CONSISTED OF:

_____ FINED \$ _____ NOT RENEWED
[amount]_____ SUSPENDED _____ REVOKED _____ CANCELLED
[no. of days]

_____ OTHER [explain] _____

- 6.4 HAS THE APPLICANT OR ANY OTHER PERSON OR CORPORATION MENTIONED IN THIS LICENSE APPLICATION OR ANYONE WITH A BENEFICIAL INTEREST IN THE BUSINESS UNDER LICENSE OR TO BE LICENSED EVER BEEN CONVICTED OF A CRIMINAL OFFENSE? _____ Yes _____ No

A. If the answer is "Yes," answer the following:

Name of Individual _____
(Last Name, First Name, Middle Initial or Corporate Name)

Date of Birth _____ / _____ / _____ Conviction Date _____ / _____ / _____

State _____ Court of Jurisdiction _____

Description of Offense (specific charge) _____

Disposition (fine, penalty, etc.) _____

Nature of interest in entity to be licensed _____

- B. If applicable, provide the date the Director of the N.J. Division of Alcoholic Beverage Control issued an order approving or disapproving disqualification removal: _____ / _____ / _____. (No license may be issued without an order from the Director of the Division of Alcoholic Beverage Control determining no disqualification or removing disqualification.) (See R.S. 33:1-31.2 and N.J.A.C. 13:2-15.)

Provide Agency Docket No.: [NN]- _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

- 7.1 DOES THE APPLICANT, A MEMBER OF THE APPLICANT'S IMMEDIATE FAMILY (SPOUSE, CHILDREN, PARENTS, IN-LAWS OR SIBLINGS) OR ANY PERSON WITH A BENEFICIAL INTEREST IN THE SUBJECT LICENSE OF THIS APPLICATION, HAVE ANY INTEREST IN ANY OTHER NEW JERSEY ALCOHOLIC BEVERAGE LICENSE?

_____ Yes _____ No

IF THE ANSWER IS "YES," COMPLETE THE FOLLOWING BY LISTING THE NEW JERSEY LIQUOR LICENSE TWELVE DIGIT NUMBER(S) AND THE NAME(S) OF THE PERSON(S) OR CORPORATION(S) WHO HOLD(S) SUCH INTEREST. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

A. License Number _____ - _____ - _____ - _____

Name _____
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant _____

B. License Number _____ - _____ - _____ - _____

Name _____
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant _____

C. License Number _____ - _____ - _____ - _____

Name _____
(Last Name, First Name, Middle Initial or Corporate Name)

Relationship to Applicant _____

- 7.2 WOULD ANY PERSON, CORPORATION, LLC OR PARTNERSHIP NAMED IN THIS APPLICATION FAIL TO QUALIFY FOR OWNERSHIP OF THE LICENSE IF APPLYING AS AN INDIVIDUAL BECAUSE OF AGE, CRIMINAL CONVICTION OR PROHIBITED INTERESTS IN OTHER LICENSES?

_____ Yes _____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING BY INSERTING THE NAME OF THE INDIVIDUAL, CORPORATION, LLC OR PARTNERSHIP. IF AN INDIVIDUAL, INSERT THE SOCIAL SECURITY NUMBER AND DATE OF BIRTH. IF A CORPORATION, INSERT THE NJ SALES TAX CERTIFICATE OF AUTHORITY NUMBER. USE ADDITIONAL PAGE(S) 7 AS NEEDED.

Name _____
(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____ **OR**

NJ Sales Tax Certificate of Authority No. _____

Date of Birth _____ / _____ / _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

- 8.1 DOES THE APPLICANT OR ANYONE MENTIONED IN THIS APPLICATION OWE THE STATE OF NEW JERSEY OR THE UNITED STATES ANY LICENSE FEE, PENALTY, INTEREST OR ALCOHOLIC BEVERAGE TAX WHICH HAS ACCRUED PURSUANT TO THE ALCOHOLIC BEVERAGE TAX LAW, THE ALCOHOLIC BEVERAGE LAW OR ANY OTHER NEW JERSEY OR FEDERAL LAW?

_____ Yes _____ No

THE FOLLOWING ARE TO BE ANSWERED WHEN APPLICATION IS FOR A LICENSE TRANSFER:

- 8.2 PREVIOUS LICENSE NUMBER SOUGHT TO BE TRANSFERRED:

_____ - _____ - _____ - _____

- 8.3 IF THIS IS A REQUEST FOR A PERSON-TO-PERSON TRANSFER, INSERT NAME(S) OF PERSON (Last Name First) OR NAME OF CORPORATION, LLC OR PARTNERSHIP WHICH CURRENTLY HOLDS THE LICENSE.

(Last Name, First Name, Middle Initial or Corporate Name)

- 8.4 IF THIS IS A REQUEST FOR A PLACE-TO-PLACE TRANSFER, INSERT THE ADDRESS OF THE FORMER LOCATION:

Street Address _____
Number Street Name

Municipality _____ New Jersey

Zip _____ - _____

THE FOLLOWING ARE TO BE ANSWERED BY APPLICANTS FOR A NEW LICENSE OR A LICENSE TRANSFER.

- 8.5 INSERT THE ANTICIPATED DATES WHEN PUBLIC NOTICE OF APPLICATION WILL BE PUBLISHED. PUBLICATION MAY NOT BE SOONER THAN THE DATE OF FILING OF THIS APPLICATION.

Date of first notice _____ / _____ / _____

Date of second notice _____ / _____ / _____

NAME OF NEWSPAPER TO PUBLISH NOTICE _____

- 8.6 THE FOLLOWING ARE TO BE ANSWERED BY CORPORATIONS REPORTING A CHANGE OF CORPORATE STRUCTURE WHEREIN A NEW STOCKHOLDER ACQUIRES MORE THAN ONE (1) PERCENT OF THE STOCK OF THE LICENSED COMPANY (ONE PUBLICATION OF NOTICE REQUIRED).

Date of notice _____ / _____ / _____

NAME OF NEWSPAPER TO PUBLISH NOTICE _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

- 9.1 DOES ANY INDIVIDUAL, CORPORATION, LLC, PARTNERSHIP OR ASSOCIATION OTHER THAN THE APPLICANT HAVE ANY INTEREST DIRECTLY OR INDIRECTLY IN THE LICENSE APPLIED FOR, OR IS THE STOCK OF ANY STOCKHOLDER HELD IN ESCROW OR PLEDGED IN ANY WAY? NOTE: IF THE LICENSE HOLDER IS A CORPORATION AND ANOTHER CORPORATION OWNS THE STOCK OF THE LICENSED CORPORATION, THE ANSWER IS "YES." _____ Yes _____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION OF INTEREST. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First), Corporation, LLC or Partnership

(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____ OR

New Jersey Sales Tax Certificate of Authority Number _____

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

- 9.2 DOES ANY INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION OTHER THAN THE APPLICANT HOLD ANY CHATTEL MORTGAGE OR CONDITIONAL BILL OF SALE OR OTHER SECURITY INTEREST ON ANY FURNITURE, FIXTURES, GOODS OR EQUIPMENT TO BE USED IN CONNECTION WITH THE BUSINESS TO BE OPERATED UNDER THE LICENSE APPLIED FOR? _____ Yes _____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL OR CORPORATION TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First), Corporation, LLC or Partnership

(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____ OR

New Jersey Sales Tax Certificate of Authority Number _____

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

- 9.3 HAS THE APPLICANT AGREED TO PERMIT ANYONE NOT HAVING AN OWNERSHIP INTEREST IN THE LICENSE TO RECEIVE OR AGREED TO PAY ANYONE (BY WAY OF RENT, SALARY OR OTHERWISE) ALL OR ANY PERCENTAGE OF THE GROSS RECEIPTS OR NET PROFIT OR INCOME DERIVED FROM THE BUSINESS TO BE CONDUCTED UNDER THE LICENSE APPLIED FOR? _____ Yes _____ No

IF THE ANSWER IS "YES," ANSWER THE FOLLOWING USING A SEPARATE PAGE 9 FOR EACH INDIVIDUAL, CORPORATION, LLC OR PARTNERSHIP TO BE REPORTED. ATTACH A SEPARATE PAGE OF EXPLANATION IF MORE SPACE IS NEEDED.

Name of Individual (Last Name First), Corporation, LLC or Partnership

(Last Name, First Name, Middle Initial or Corporate Name)

Social Security Number _____ - _____ - _____ OR

New Jersey Sales Tax Certificate of Authority Number _____

Street Address _____
Number Street Name

P.O. Box # _____ Municipality _____ State _____

Zip _____ - _____

Describe Nature of Interest _____

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

QUESTIONS TO BE ANSWERED BY CORPORATIONS, LIMITED LIABILITY COMPANIES AND PARTNERSHIPS. ANY CORPORATION, LLC OR PARTNERSHIP THAT IS REPORTED TO HAVE AN INTEREST IN THE BUSINESS TO BE LICENSED, WHETHER THE LICENSEE COMPANY, THE PARENT CORPORATION OF THE LICENSEE COMPANY, HOLDING COMPANY OR OTHERWISE AFFILIATED IN THE CORPORATE CHAIN, MUST ANSWER THE FOLLOWING USING A SEPARATE PAGE 10 AND PAGE 10A FOR EACH CORPORATION, LLC OR PARTNERSHIP. ANSWER QUESTIONS ON BOTH PAGE 10 AND PAGE 10A FOR EACH.

10.1 Name of Corporation/LLC/Partnership _____

10.2 Street Address _____
Number Street Name

Municipality _____

State _____ Zip _____ - _____ E-Mail Address _____

10.3 New Jersey Sales Tax Certificate of Authority Number _____

10.4 IF CORPORATION/LLC/PARTNERSHIP ADDRESS IN NUMBER 10.2 ABOVE IS OUT OF STATE, REPORT BELOW THE ADDRESS OF ANY OFFICE LOCATION IN NEW JERSEY. INSERT N/A IF NONE.

Street Address _____
Number Street Name

Municipality _____ New Jersey

Zip _____ - _____

10.5 IS THE CORPORATION, LLC OR PARTNERSHIP NOW AN EXISTING, VALID CORPORATION, LLC OR PARTNERSHIP?
_____ Yes _____ No

10.6 DATE CHARTERED OR INCORPORATED _____ / _____ / _____ STATE _____

10.7 CERTIFICATE OF INCORPORATION NUMBER _____

10.8 IF NOT INCORPORATED, OR IF NOTICE OF FORMATION HAS NOT BEEN OBTAINED UNDER THE LAWS OF THE STATE OF NEW JERSEY, HAS THE CORPORATION RECEIVED AN AUTHORIZATION TO CONDUCT BUSINESS IN NEW JERSEY FROM THE NEW JERSEY OFFICE OF THE SECRETARY OF STATE? _____ Yes _____ No

10.9 HAS THE CORPORATION CHARTER EVER BEEN REVOKED BY THE OFFICE OF THE SECRETARY OF STATE IN NEW JERSEY? _____ Yes _____ No

IF THE ANSWER IS "YES," INSERT THE DATE OF REVOCATION, OR IF SUSPENDED, THE BEGINNING AND ENDING DATE OF THE SUSPENSION:

Date of Revocation _____ / _____ / _____

Beginning Date _____ / _____ / _____

Ending Date _____ / _____ / _____

10.10 INSERT THE NAME AND ADDRESS OF REGISTERED OR AUTHORIZED AGENT IN NEW JERSEY UPON WHOM SERVICE OF PROCESS IN ANY PROCEEDINGS AGAINST THE APPLICANT, PURSUANT TO THE NEW JERSEY ALCOHOLIC BEVERAGE LAW, THE ALCOHOLIC BEVERAGE TAX LAW OR PROCEEDINGS IN A STATE OR U.S. DISTRICT COURT, MAY BE MADE:

Name _____
(Last Name, First Name, Middle Initial or Corporate Name)Street Address _____
Number Street Name

Municipality _____ New Jersey

Zip _____ - _____ Telephone Number (_____) _____ - _____
Area Exchange Number

10.11 IF THE LICENSED COMPANY IS OWNED BY OTHER CORPORATION(S), LLC(S) OR PARTNERSHIP(S) OR IS IN A CORPORATE CHAIN, LLC OR PARTNERSHIP, ATTACH A DIAGRAM DEPICTING THE CORPORATE RELATIONSHIPS AND THE PERCENTAGE OF STOCK INTEREST IN THE COMPANY TO BE LICENSED, OWNED BY OTHER CORPORATIONS, LLCS OR PARTNERSHIPS.

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

ALL APPLICANTS ANSWER THE FOLLOWING [ADD PAGES AS NECESSARY]

SOLE OWNERS AND PARTNERSHIPS: Complete this page in full.

LIMITED PARTNERSHIPS: All information about a general partner or partners of a limited partnership must be reported, whether the general partner is an individual or a corporation. A list of the names and addresses of all limited partners must be submitted as an attachment to this application with an identification of the percentage of each limited partner as it relates to total ownership of the business entity to be licensed.

CORPORATIONS AND LIMITED LIABILITY COMPANIES (LLC): All corporation or applicants or licensees and any corporation or LLC that has an ownership interest in the corporation or LLC under license or to be licensed must have been reported on page 10. Information on this page, 10A, will identify all members, officers, directors and stockholders holding one percent or more of the shares of the respective corporation or LLC. The first corporation or LLC listed should be the corporation or LLC to be licensed.

IF APPLICANT OR STOCKHOLDER IS A CORPORATION, LLC OR A PARTNERSHIP, PROVIDE THE NAME OF THE CORPORATION, LLC OR PARTNERSHIP COVERED BY THIS PAGE.

Name of Individual (Last Name First), Member, Stockholder, Partner, Officer or Director:

Last Name		First Name		Middle Initial	
Home Street Address _____					
Number		Street Name			
P.O. Box # _____	Municipality _____		State _____		
Zip _____ - _____		E-Mail Address _____			
Social Security Number _____ - _____ - _____		Date of Birth _____ / _____ / _____			
Home Telephone Number (_____) _____ - _____					
Area		Exchange		Number	
Office Telephone Number (_____) _____ - _____					
Area		Exchange		Number	
% of Business Owned or Controlled _____		Number of Shares _____			
Check position that applies: _____ Sole owner _____ Partner _____ Stockholder					
_____ President	_____ Vice-President	_____ Secretary	_____ Treasurer	_____ Director	
_____ Trustee	_____ Manager	_____ Agent	_____ Executor/Administrator	_____ Receiver	
_____ Beneficiary	_____ Other (specify) _____				

Name of Individual (Last Name First), Member, Stockholder, Partner, Officer or Director:

Last Name		First Name		Middle Initial	
Home Street Address _____					
Number		Street Name			
P.O. Box # _____	Municipality _____		State _____		
Zip _____ - _____		E-Mail Address _____			
Social Security Number _____ - _____ - _____		Date of Birth _____ / _____ / _____			
Home Telephone Number (_____) _____ - _____					
Area		Exchange		Number	
Office Telephone Number (_____) _____ - _____					
Area		Exchange		Number	
% of Business Owned or Controlled _____		Number of Shares _____			
Check position that applies: _____ Sole owner _____ Partner _____ Stockholder					
_____ President	_____ Vice-President	_____ Secretary	_____ Treasurer	_____ Director	
_____ Trustee	_____ Manager	_____ Agent	_____ Executor/Administrator	_____ Receiver	
_____ Beneficiary	_____ Other (specify) _____				

STATE ASSIGNED LICENSE NUMBER _____ - _____ - _____ - _____

AFFIDAVIT

LICENSE PERIOD
APPLIED FOR

FROM _____ TO _____

DATE:

State of _____)
 County of _____) SS:
)

As provided by law (R.S. 33:1-35),

(Check One)

1. The Individual Applicant

2. Members of the Partnership Applicant

3. _____ of _____
 (President/Vice-President) (Corporation or Club Name)

consent(s) that the licensed premises and all portions of the building constituting the licensed premises, including all rooms, cellars, closets, out-buildings, passageways, vaults, yards, attics and every part of the structure of which the licensed premises are a part and all buildings used in connection therewith which are in his/her/their possession or under his/her/their control, may be inspected and searched without warrant at all hours by the Director of the Division of Alcoholic Beverage Control, his or her duly authorized deputies, inspectors or investigators and all other sworn law enforcement officers, and being duly sworn according to law, upon his/her/their oath(s), depose(s) and say(s) that he/she is (they are) the person(s) duly authorized to sign the application, that in instance of corporate ownership, the signator is authorized by corporate resolution to sign on behalf of the corporations; and that the contents of this application represent complete disclosure of fact, and that the contents of this application are true.

 (Signature of Individual Agent / Sole Proprietor)

(Corporations Only)
 Attestation by Corporate Secretary

 (Partnership Name)

 (Signature of Partner)

Attest:

 Corporate Name

 (Signature of Partner)

By

Secretary _____

Signature

 (Signature of Corporate President or Vice President)

 (Signature of Partner)

Affix Corporate Seal

 (Signature of Partner)

Sworn to and subscribed before me

this _____ day of _____ 20 _____

AFFIDAVIT MUST BE SIGNED HERE ----->

 (Signature of Officer Administering Oath)

BY DULY AUTHORIZED NOTARY PUBLIC

 (Printed Name of Officer Administering Oath)

OR AN ATTORNEY-AT-LAW OF NEW JERSEY

 (Title of Officer Administering Oath)

 (Date of Expiration of
 Commission, if applicable)

PUBLIC NOTICE FORM FOR NEW LICENSE APPLICANTS

Take notice that _____
(Name of Applicant)

Trading as _____
(Trade Name if Applicable)

has applied to the Director of the Division of Alcoholic Beverage Control for a

(Type of License)

license for the premises situated at _____
(Number) (Street)

(City)

and salesroom situated at _____
(Number) (Street) (If Applicable)

(City)

(SEE NOTE 1 BELOW)

Objections, if any, should be made immediately in writing to the Director of the Division of Alcoholic Beverage Control, P.O. Box 087, Trenton, New Jersey 08625-0087.

(Name of Applicant)

(Address of Applicant)

NOTE 1: If application is filed by a corporation, insert the names and residences of all officers, directors, and stockholders holding one percent or more.

If application is filed by a partnership, insert the name of the partnership and the names and residences of all partners.

**AFFIDAVIT OF QUALIFICATION FOR
OWNERSHIP INTEREST IN OR ASSOCIATION WITH
A NEW JERSEY ALCOHOLIC BEVERAGE LICENSE OR PERMIT**

_____))
STATE OF _____))
_____))
COUNTY OF _____))
_____))
_____)

I, _____, residing at

of full age, being duly sworn according to law, upon my oath
depose and say:

1. I am a _____ [shareholder/member/
partner/sole proprietor] of _____ [corporate or
partnership entity, if any] holding the office or title
of _____ and am duly authorized to make this
affidavit.

2. An application for a New Jersey _____
_____ [specify type of license or permit] by
_____ [name of applicant] has been filed with the
New Jersey Division of Alcoholic Beverage Control.

3. This affidavit is submitted in support of my qualification to
have an ownership interest in or association with a New Jersey
Alcoholic Beverage license or permit issued pursuant to the laws of
the State of New Jersey, including Title 33, New Jersey Revised
Statutes, entitled "*Intoxicating Liquors*."

4. I represent that pursuant to **N.J.S.A.** 33:1-25, I am qualified
to hold an interest in or associate with a New Jersey alcoholic
beverage license or permit according to all standards established by
Title 33 of the New Jersey Statutes, regulations promulgated
thereunder and any pertinent local ordinances and conditions imposed
consistent with Title 33.

5. I represent that I meet all New Jersey mandated qualifications
including that:

- a. I am 18 years of age or older;
- b. I have not been convicted of a crime of moral turpitude;
- c. I am a reputable person who will operate the licensed
business in a reputable manner;
- d. I have fully and completely disclosed all beneficial
interests in the entity to be licensed;

- e. I have no ownership in nor am I an officer or director of any corporation that is an alcoholic beverage retail licensee;
- f. I am not ineligible for licensure for 2 years or more because of prior revocation; and
- g. I am not a peace or police officer or any other person whose powers and duties include the enforcement of the New Jersey Alcoholic Beverage Control laws or regulations, or hold an interest in or am I an officer in a for-profit corporation in which any peace or police officer has a direct or indirect interest in.

6. I understand that if I do not meet with the qualification requirements of Title 33 of the New Jersey Statutes and regulations promulgated thereunder, after a criminal background investigation is conducted on me, I cannot hold an interest in any New Jersey liquor license or permit. I also understand that if I am disqualified, I must divest myself of any interest in or association with any New Jersey liquor license or permit within a time frame specified by the Director.

7. I make the foregoing statements realizing that the Division of Alcoholic Beverage Control will rely on them. I am also aware that any misstatements or omissions of material facts that is made by me are grounds for suspension or revocation of any New Jersey Alcoholic Beverage license or permit that I may have an interest in or association with.

8. I make the foregoing statements and represent that under penalty of perjury, the foregoing statements are true and correct.

By: _____

Name: _____

Title: _____

Signed and Sworn to before me on this

_____ day of _____, 20____.
